## READING POLICE DEPARTMENT VICE SECTION COMPLAINT FORM

Type of complaint	Drugs: Dealing Using			
Prostitution	Type: Cocaine Heroi			
	Type: Cocaine Heroi Marijuana Other			
Address:	Apt.#:			
Suspect(s) Name:				
Race: Sex: Height	: Weight: Build			
Age: Hair Description:	Eye Color:			
Glasses: Mustache:	Beard: Clean			
	Shaven:			
Vehicle: Mod.	Color: Lic.#:			
Make: :				
Time of Day Activity Occurs:				
How Dealing is Being Done: Inside F	Iome: Outside Home:			
Details on Dealing				
Methods:				
Complainant Name:				
Address:				
Phone: House Available For Surveillance:				

Information Received	Date:		Time	
By:			:	
Investigator Assigned:		Date:		

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